

RECENTED.

255385

251002

6980 Pittsford-Palmyra Rd. Fairport, NY 14450

December 30, 2014

Ms. Jocelyn Boyd Chief Clerk and Administrator Public Service Commission of South Carolina 101 Executive Center Drive, Suite 100 Columbia, SC 29210 **RECEIVED**

JAN 02 2015

PSC SC MAIL / DMS

Re: FCC High-Cost Universal Service Support - 47 CFR § 54.313(h)

Dear Ms. Boyd:

Frontier Communications of the Carolinas Inc. (SAC 240526) hereby files the attached information in compliance with 47 CFR § 54.313(h). This rule of the Federal Communications Commission (FCC) requires all incumbent local exchange carrier recipients of High-Cost Loop Support (HCLS) or High-Cost Model Support (HCMS)¹ to annually report their rates for residential local service, as well as state fees as defined pursuant to § 54.318(e), to the extent the sum of those rates and fees are below the rate floor as defined in § 54.318, and the number of lines for each rate specified. Pursuant to § 54.313(i), the reports must be filed with the FCC, the Universal Service Administrative Company (USAC), the relevant state commissions, and Tribal governments, as appropriate. The attached report was filed with the FCC on December 22, 2014.

Frontier Communications of the Carolinas Inc. (SAC 240479) is not a recipient of HCLS or HCMS and therefore is not filing this report

If you have any questions, please contact me at (585) 777-5823 or by email at Deborah.Fasciano@ftr.com

Respectfully submitted,

Deborah Fasciano

Sr. Analyst -Regulatory Compliance

Attachment

cc: Mr. Christopher Rozycki

1-2-15 de 1-2-15 de 1-2-15

Ten 1233pm

¹ Although the rule states that the requirement applies to "recipients of high-cost support," the FCC's Third Order on Reconsideration, released May 14, 2012, *Connect America Fund*, WC Docket No. 10-90 *et al.* (FCC 12-52) ¶¶ 15-16, clarified that the requirement applies specifically to recipients of High-Cost Loop Support and High-Cost Model Support.



Jennifer Schneider

Vice President, Legislative Affairs Frontier Communications 2300 N St. NW, Suite 710 Washington, DC 20037

(202) 223-6803 jennifer.schneider@ftr.com

VIA ECFS

December 22, 2014

Marlene H. Dortch Secretary Federal Communications Commission 445 12th St. SW Washington, DC 20554

Re: Frontier Communications Submission in Response to 47 C.F.R. § 54.313(h)

Dear Ms. Dortch:

Frontier Communications, hereby files the attached information in compliance with 47 CFR § 54.313(h). This rule of the Federal Communications Commission (FCC) requires all incumbent local exchange carrier recipients of High-Cost Loop Support (HCLS) or High-Cost Model Support (HCMS)¹ to annually report their rates for residential local service, as well as state fees as defined pursuant to § 54.318(e), to the extent the sum of those rates and fees are below the rate floor as defined in § 54.318, and the number of lines for each rate specified. In its most recent Order addressing the rate floor, the Commission directed incumbent ETCs to "report their rates to USAC to the extent that their rates plus state fees are below [the urban rate floor of \$20.46]"² though Section 54.313(b) of the Commission's rules, which reduces support based on filed-rates below the rate floor, has been waived at this time for rates below the rate floor but above \$16.³

Pursuant to § 54.313(i), the reports are being filed with the FCC, the Universal Service Administrative Company (USAC), the relevant state commissions, and Tribal governments, as appropriate. Please contact me with any questions.

Sincerely,

/s/ Jennifer Schneider

KECEIVED

Jennifer Schneider

JAN 02 2015

Attachments

PSCSC MAIL/DMS

¹ Although the rule states that the requirement applies to "recipients of high-cost support," the FCC's Third Order on Reconsideration, clarified that the requirement applies specifically to recipients of High-Cost Loop Support and High-Cost Model Support. In re: Connect America Fund, Third Order on Reconsideration, WC Dkt. No. 10-90 et al., 27 FCC Rcd. 5622, 5628 ¶¶ 15-16 (2012).

² In re: Connect America Fund, Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking, WC Dkt. No. 10-90 et al., 29 FCC Rcd. 7051, 7081 ¶ 84 (2014).

³ *Id.* at 7079 ¶ 80.

Rate Floor Data

			DATA COLL	ECHON - ON	B Control Number 3060-098	0
Block '	l - Contact Inform	nation				
ROW #		DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE	
1	Carrier Study Area Code			6 numeric digits	240526	
2	Carrier Study Area Name			alpha characters	Frontier Communications of the Carolinas	, Inc.
3	Service Provider Identification Number			9 numeric digits	143004771	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	12/1/2014	
5	Contact Name			alpha characters	Randall Brockmann	
6	Contact Telephone Number (include area code)			9 numeric digits	(585) 777-1056	
7	Sheet number				1	
8	Total Number of Sh	neets		numeric digit(s) numeric digit(s)	1	
		Block	2 - Residential L	ocal Service Rat	s, Fees, and Line Counts	A Majoris Prod
	Column 1	Column 2	Column 3	Column 4	Column 5	
	Residential Local Service Charge	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Loops	
9	\$ 15.50	\$ -	\$ 0.40	\$ -	528	
10	\$ 16.22	\$ -	\$ 0.42	\$ -	395	
11	\$ 17.85	\$ -	\$ 0.46	\$ -	670	
12	\$ 18.35	\$ -	\$ 0.48	\$ -	2057	
13					No. 184	
14						
15						t de la companya de
16						
17					1888	
18						
19			•			
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: Frontier Communications of the Carolinas LLC									
Signature of authorized officer	Date 12/22/2014								
Printed name of authorized officer: Allison Ellis									
Title or position of authorized officer: VP, Regulatory Affairs									
Telephone number of authorized officer: (203) 614 - 5178									
Filing Due Date for this Study Area Code of Reporting Carrier 240526 (mm/dd/yyyy)	form 1/2/2015								

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier; lalso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate. I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.							
Name of Authorized Agent							
Name of Reporting Carrier							
Signature of authorized officer	Date						
Printed name of authorized officer							
Title or position of authorized officer							
Telephone number of authorized officer: () - , ext							
Study Area Code of Reporting Carrier Filing Due Date for this form (mm/dd/yyyy)							

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Rate Floor Data Reported on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the rate floor data on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.							
Name of Reporting Carrier							
Name of Authorized Agent							
Signature of authorized agent or employee of agent		Date					
Printed name of authorized agent or employee of agent							
Title or position of authorized agent or employee of agent							
Telephone number of authorized agent: ()	, ext.						
Study Area Code of Reporting Carrier	Filing Due Date for this form (mmddyyyy)						